



DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention

MODULATORS OF Cdk9 AS A THERAPEUTIC TARGET IN CARDIAC HYPERTROPHY

As the below named inventor(s), I/we declare that:

The declaration is directed to:

☐ The attached application, or

☒ Application No. 10/665,336, filed on 09/19/2003,

☐ as amended on _____ (if applicable).

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME(S) OF INVENTORS:

Inventor one: Michael D. Schneider

Signature: [Signature] Date: 12-11-03 Citizen of: US

Inventor two: Motoaki Sano

Signature: [Signature] Date: 12/11/03 Citizen of: US

Inventor three: _____

Signature: _____ Date: _____ Citizen of: _____

Inventor four: _____

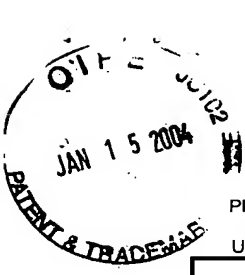
Signature: _____ Date: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Declaration for Utility or Design Patent Application

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER509322219US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/15/04 Signature: [Signature] (Staci Harris)



Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/665,336
Filing Date	September 19, 2003
First Named Inventor	Michael D. Schneider
Title	MODULATORS OF Cdk9 AS A THERAPEUTIC TARGET IN CARDIAC
Group Art Unit	NA 1614
Examiner Name	Not Yet Assigned
Attorney Docket No.	HO-P02514US3

I hereby appoint:

☒ Practitioners at Customer Number 26271
Customer Number

OR

☐ Practitioner(s) named below:

Customer Number Bar Code

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number
Customer Number

Customer Number Bar Code

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Assignee	Baylor College of Medicine
Name	W. Dalton Tomlin
Signature	<i>W. Dalton Tomlin</i>
Date	1/15/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

☐ *Total of 1 forms are submitted.

POA or Authorization of Agent

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 509322219 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date shown below.

Dated:

1/15/04

Signature:

Staci Harris (Staci Harris)